

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

44021

State File No. \_\_\_\_\_

Registration District No. 812 Primary Registration District No. 0061 Registrar's No. 9

## 1. PLACE OF DEATH

- (a) County Scott  
(b) City or town Arbela  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Arbela Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether, \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days 2

## 3. (a) PRINT FULL NAME

James M. Howard

3. (b) If veteran, name war Phillipian 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elena J. Howard 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased Mar 4 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clinton Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

## 11. Industry or business

- MOTHER, FATHER { 12. Name Mr. Howard  
13. Birthplace Sweden (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Elena J. Howard  
(b) Address Arbela Mo

17. (a) Burial (b) Date thereof Dec 24-40 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Joseph's Home

18. (a) Signature of funeral director Gertha Baskett

- (b) Address Memphis Mo.

19. (a) 12/22/1940 (b) PTA Baker (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Scottland  
(c) City or town Arbela mo (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 9, 1940, to Nov 22, 1940; that I last saw him alive on Nov 22, 1940; and that death occurred on the date and hour stated above.

- Immediate cause of death Myocardial insufficiency

- Due to \_\_\_\_\_

- Due to 920

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 723  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature PTA Baker (M. D. or other) 1  
Address Memphis mo Date signed 12/24/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

LICENSING OFFICER No. 10

DEPT. FILE NUMBER 1-41-1929

DATE FILED Jan 18 1941

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 3689

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3689

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.